

**CLAIMS ONLY**

**Application Number**

**Filing Date**

10/823,607

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED 1/5/06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
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49						
50						
Total Indep	6					
Total Depend	22					
Total Claims	28					

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	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						